

HOUSE No. 1148

The Commonwealth of Massachusetts

PRESENTED BY:

Michael S. Day

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to the treatment of epilepsy and seizure disorders.

PETITION OF:

| NAME: | DISTRICT/ADDRESS: | DATE ADDED: |
|-----------------------------|-----------------------------------|------------------|
| <i>Michael S. Day</i> | <i>31st Middlesex</i> | <i>1/18/2017</i> |
| <i>Marjorie C. Decker</i> | <i>25th Middlesex</i> | <i>2/2/2017</i> |
| <i>Sal N. DiDomenico</i> | <i>Middlesex and Suffolk</i> | <i>1/26/2017</i> |
| <i>Kimberly N. Ferguson</i> | <i>1st Worcester</i> | <i>1/25/2017</i> |
| <i>Michael J. Finn</i> | <i>6th Hampden</i> | <i>1/26/2017</i> |
| <i>Carole A. Fiola</i> | <i>6th Bristol</i> | <i>2/3/2017</i> |
| <i>Kenneth I. Gordon</i> | <i>21st Middlesex</i> | <i>2/1/2017</i> |
| <i>Danielle W. Gregoire</i> | <i>4th Middlesex</i> | <i>1/31/2017</i> |
| <i>Sheila C. Harrington</i> | <i>1st Middlesex</i> | <i>1/26/2017</i> |
| <i>Steven S. Howitt</i> | <i>4th Bristol</i> | <i>1/26/2017</i> |
| <i>Hannah Kane</i> | <i>11th Worcester</i> | <i>1/25/2017</i> |
| <i>Barbara A. L'Italien</i> | <i>Second Essex and Middlesex</i> | <i>2/2/2017</i> |
| <i>Jay D. Livingstone</i> | <i>8th Suffolk</i> | <i>2/2/2017</i> |
| <i>Joseph D. McKenna</i> | <i>18th Worcester</i> | <i>1/26/2017</i> |
| <i>James R. Miceli</i> | <i>19th Middlesex</i> | <i>1/26/2017</i> |
| <i>Mathew Muratore</i> | <i>1st Plymouth</i> | <i>1/26/2017</i> |
| <i>José F. Tosado</i> | <i>9th Hampden</i> | <i>1/31/2017</i> |

HOUSE No. 1148

By Mr. Day of Stoneham, a petition (accompanied by bill, House, No. 1148) of Michael S. Day and others relative to the treatment of epilepsy and seizure disorders. Public Health.

The Commonwealth of Massachusetts

**In the One Hundred and Ninetieth General Court
(2017-2018)**

An Act relative to the treatment of epilepsy and seizure disorders.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Chapter 118E of the General Laws is hereby amended by inserting after
2 section 10J the following section:-

3 Section 10K. The division and its contracted health insurers, health plans, health
4 maintenance organizations, behavioral health management firms and third-party administrators
5 under contract with state Medicaid (MassHealth) shall establish a step therapy program for
6 prescription medications for the treatment of epilepsy and seizure disorders. Said program may
7 condition coverage and payment for epilepsy and seizure disorder medication on a requirement
8 that the patient try and fail on not more than one other prescription medication prior to the
9 prescribed medication being authorized.

10 Further, said program shall require that the prescribing practitioners, when medications
11 are restricted, have access to a clear and convenient process to request an override of such
12 restriction from the division or its contracted agents. The division or its contracted agents shall

13 expeditiously grant an override of such restriction whenever the prescribing practitioner
14 demonstrates that:

15 1. The preferred treatment required under step therapy has been ineffective in the
16 treatment of the patients' medical condition in the past;

17 2. the drug regimen required under the step therapy program is expected to be
18 ineffective based on the known relevant physical and mental characteristics of the patient and the
19 known characteristics of the drug regimen;

20 3. the preferred treatment required under the step therapy program will cause or will
21 likely cause an adverse reaction or other physical harm to the patient; or

22 4. it is in the best interest of the patient to provide the recommended drug regime
23 based on medical necessity.

24 The duration of this step therapy program requirement shall not be longer than a period of
25 thirty days, after which the prescribing practitioner may deem such treatment as clinically
26 ineffective for the patient. When the prescribing practitioner deems the treatment to be clinically
27 ineffective, the drug prescribed and recommended by the practitioner shall be dispensed and
28 covered by the division and its contracted agents.